

**U.S. PROBATION OFFICE
JOB SEARCH LOG**

NAME: _____ PACTS: _____

INSTRUCTIONS: You must complete a Job Search Log for every contact you make. You must show you made the required number of employer contacts (as directed by the probation office) and/or participated in the in-person job search activities each week. Employers may be called to verify any listed contacts.

CONTACT #	DATE MO-DA-YEAR	BUSINESS NAME & COMPLETE ADDRESS, OR WORKSOURCE OFFICE	CONTACT INFORMATION (Include phone number of all contacts)	PERSON CONTACTED	TYPE OF WORK DESCRIPTION OF ACTIVITY	STATUS/RESULTS
1.		BUSINESS NAME/WORKSOURCE OFFICE NAME _____ STREET ADDRESS OR PO BOX _____ CITY, STATE AND ZIP CODE	<input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____			<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
2.		BUSINESS NAME/WORKSOURCE OFFICE NAME _____ STREET ADDRESS OR PO BOX _____ CITY, STATE AND ZIP CODE	<input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____			<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
3.		BUSINESS NAME/WORKSOURCE OFFICE NAME _____ STREET ADDRESS OR PO BOX _____ CITY, STATE AND ZIP CODE	<input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____			<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
4.		BUSINESS NAME/WORKSOURCE OFFICE NAME _____ STREET ADDRESS OR PO BOX _____ CITY, STATE AND ZIP CODE	<input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____			<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
5.		BUSINESS NAME/WORKSOURCE OFFICE NAME _____ STREET ADDRESS OR PO BOX _____ CITY, STATE AND ZIP CODE	<input type="checkbox"/> Mail <input type="checkbox"/> Fax # _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____			<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____